

**CITY OF MARIETTA**  
**ETHICS COMMITTEE**  
**COMPLAINT FORM**

Name, address and phone number of complainant (person filing this complaint)

Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
(No P.O. Box) \_\_\_\_\_  
\_\_\_\_\_  
Phone No.: Home \_\_\_\_\_  
Business \_\_\_\_\_

Name of Respondent (person complained against)

Name: \_\_\_\_\_

Summary of facts which complainant states under oath violate the Marietta Ethics Code. Attach additional pages, if necessary. Include the date of the alleged violation.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Ordinance or other code stated by complainant to have been violated.

\_\_\_\_\_

The facts and allegations in this  
complaint are true and correct.  
Sworn to and subscribed before me  
this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Complainant

\_\_\_\_\_  
Notary Public

Note: This document must be filed with the City Clerk's office.

A complaint which is dismissed with a finding that the complaint and/or the complainant's motivation is frivolous, malicious, harassing and/or an abuse of process as set forth in this Code may expose the complainant to reimburse the City of Marietta for attorney's fees and expenses as set forth in Section 1-14-4-220.